

KROLL

NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize **KROLL BACKGROUND AMERICA, INC. ("KROLL")** to procure an investigative consumer report on me for purposes of my volunteer work with Howard County Department of Recreation and Parks. I understand that this authorization and release shall be valid for subsequent investigative consumer reports during my period of association with Howard County Department of Recreation and Parks for the purpose of investigating any incidents of misconduct or criminal activity for which I am alleged to have been involved during my association with Howard County Department of Recreation and Parks.

These above-mentioned reports may include, but are not limited to, social security number trace; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Howard County Department of Recreation and Parks, including, but not limited to any and all courts, public agencies, law enforcement agencies and, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared by **KROLL** of which I am the subject upon my written request to **KROLL**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my association with Howard County Department of Recreation and Parks may be terminated based on any false, omitted, altered or fraudulent information.

Signature: _____

Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Printed Name: _____

First

Middle

Last

Other Names Used (alias, maiden, nickname) _____ **Years Used** _____

Current Address: _____

Street /P. O. Box

City

State

Zip Code

County

Dates

Former Address: _____

Street /P. O. Box

City

State

Zip Code

County

Dates

Social Security Number: _____ **Daytime Phone Number:** _____

***Date of Birth:** _____ ***Gender** _____

* Providing DOB and gender information is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of our background search.